

## The growth of 'Dry January': promoting participation and the benefits of participation

Article (Accepted Version)

De Visser, Richard O, Robinson, Emily, Smith, Tom, Cass, Gemma and Walmsley, Matthew (2017) The growth of 'Dry January': promoting participation and the benefits of participation. *European Journal of Public Health*, 27 (5). pp. 929-931. ISSN 1101-1262

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de Visser, R.O., Robinson, E., Smith, T., Cass, G., Walmsley, M. (2017). The growth of ‘Dry January’: promoting participation and the benefits of participation, *European Journal of Public Health*, 27, 929–931. doi: 10.1093/eurpub/ckx124

note: published version may differ from this accepted manuscript

## **The growth of “Dry January”: promoting participation and the benefits of participation**

This paper explores contributors to the rapid growth of the annual UK alcohol abstinence challenge “Dry January” and the benefits of registration. Evidence from four sources is presented: (1) registrations via the Dry January website; (2) surveys of population-representative samples of drinkers; (3) surveys of Dry January registrants; (4) surveys of a control group of drinkers who wanted to change to their drinking behaviour but had not registered for Dry January. The data revealed that Dry January registrations increased 15-fold in 4 years. Participants reported that encouragement received from Dry January helped them to avoid drinking. Comparisons of Dry January registrants to the control group suggest that registering for Dry January reduced problematic drinking and enhanced the capacity to refuse alcohol. The four sources of data suggest that “social contagion” and “diffusion” have aided the growth of the awareness, appeal, and practice of Dry January.

Temporary abstinence from alcohol can provide short- or longer-term physiological benefits,<sup>[1]</sup> and positive changes in attitudes and alcohol consumption.<sup>[2]</sup> Temporary abstinence may be a precursor to longer-term behaviour change: after a person has made a commitment to behaviour change, it is more likely that she/he will make larger changes in keeping with the initial commitment.<sup>[3]</sup>

Organisations in many countries run campaigns that challenge people to give up alcohol for a month. The UK charity Alcohol Concern first ran “Dry January” in 2013 as part of its efforts to change the drinking culture through “social contagion” whereby healthy changes in beliefs and behavior among a sub-group of people spread through the population.<sup>[4]</sup> Similarly, “diffusion” refers to how a new idea or practice spreads between members of a social system through certain channels of communication, including appropriate media.<sup>[5]</sup>

In 2015, Public Health England (PHE) worked with Alcohol Concern to enhance the diffusion of Dry January. The campaign had a budget of £500,000 for radio, national press, and social media advertising; a calendar of Facebook events; and partnership with employers.

Email and SMS support was provided for registrants. In total, the campaign produced 1362 pieces of media coverage estimated by PHE to be worth over £8 million. There were also 52,949 mentions of Dry January on social media between the campaign launch and the end of January. PHE's aims were to: increase participation in Dry January; support participants with encouraging messages; and maintain the beneficial impact of Dry January for participants.<sup>[2]</sup>

The first aim of this study was to explore the “diffusion” of Dry January as a concept and practice. The second aim was to ascertain the benefits of Dry January registration in comparison to trying to restrict alcohol intake without taking part.

## **METHODS**

This paper presents evidence from four sources. The first source was the number of registrations for Dry January between 2013 and 2016.

The second source of information was interviews with adult drinkers in the general population conducted in February 2015 (N = 825) and February 2016 (N = 874). Respondents were asked about their awareness of Dry January and whether they had attempted to abstain during January as part of the TNS omnibus surveys, which interview a representative sample of adults weighted to the profile of adults in England by age, sex, social grade and region.<sup>[6,7]</sup>

The third source was surveys of registrants for Dry January 2015 using methods applied in 2014.<sup>[2]</sup> People who registered on the Dry January website before 6 Jan 2015 were invited to complete the baseline survey: 13277 did so (28% of registrants). A one-month follow-up survey was completed by 2499 participants in February 2015. The 6-month follow-up was completed by 1591 participants in August 2015. The surveys assessed alcohol consumption with the Alcohol Use Disorders Identification Test (AUDIT).<sup>[8]</sup> Drink Refusal Self Efficacy (DRSE) was assessed in three domains: social settings when others are drinking, for emotion regulation, and opportunistic drinking.<sup>[9]</sup>

The fourth source was surveys conducted at baseline (N = 1251), 1-month follow-up (N = 600), and 6-month follow-up (N=250) among a “control group” of drinkers who wanted to change their drinking but had not registered for Dry January. Because people self-select into Dry January, a population of drinkers motivated to change their drinking was a more appropriate control group than the whole population of drinkers. Samples consisted of respondents to the Lightspeed GMI Online Panel, which used quota sampling.

## **RESULTS**

The number of registrants increased from just over 4,000 in 2013 to nearly 60,000 in 2016 (Figure 1). In the absence of other significant changes to publicity, it appears that PHE involvement contributed to trebling the number of sign-ups between 2014 and 2015.

The second source of information - surveys of population-representative samples of drinkers - indicated that many people take part in Dry January without officially registering: the proportions that reported trying to abstain during January without registering for Dry January were 7% in 2015 and 11% in 2016. Extrapolating from these representative samples to the broader population, it can be estimated that approximately 2 million adults in England tried not to drink in January. Awareness of Dry January was high (64% of all drinkers in 2015 and 78% in 2016): many people who reduced their drinking were aware of Dry January.

The third source of information was surveys of Dry January registrants. At one-month follow-up, 62% reported successfully completing the challenge. Nearly all (96%) reported signing up to receive supportive/encouraging emails from Dry January, 69% of whom reported reading every message sent to them, and 71% of whom reported that the messages helped them to avoid drinking. Just over half (57%) of Dry January registrants opted to receive supportive/encouraging SMS messages, 78% of whom reported that the messages helped them to avoid drinking. Two-fifths (42%) of respondents reported using social media support such as messages on Facebook, and 73% reported that such support helped them to avoid drinking. Among people who completed the one-month follow-up, 92% reported that it was likely that they would participate in Dry January in the future.

The fourth source of information - comparisons between the control group and Dry January registrants adjusted for baseline differences - revealed that Dry January participants had significantly lower AUDIT scores at 6-month follow-up ( $t_{(14477)} = 4.27, p < .01$ ). Whereas moderate increases in DRSE at 6-month follow-up were observed among Dry January participants, there were no such changes in the control group who sought to change their behaviour but did not register for Dry January. Dry January participants had significantly larger changes in social DRSE ( $t_{(14477)} = 4.14, p < .01$ ), emotional DRSE ( $t_{(14477)} = 3.59, p < .01$ ), and opportunistic DRSE ( $t_{(14477)} = 4.84, p < .01$ ).

## **DISCUSSION**

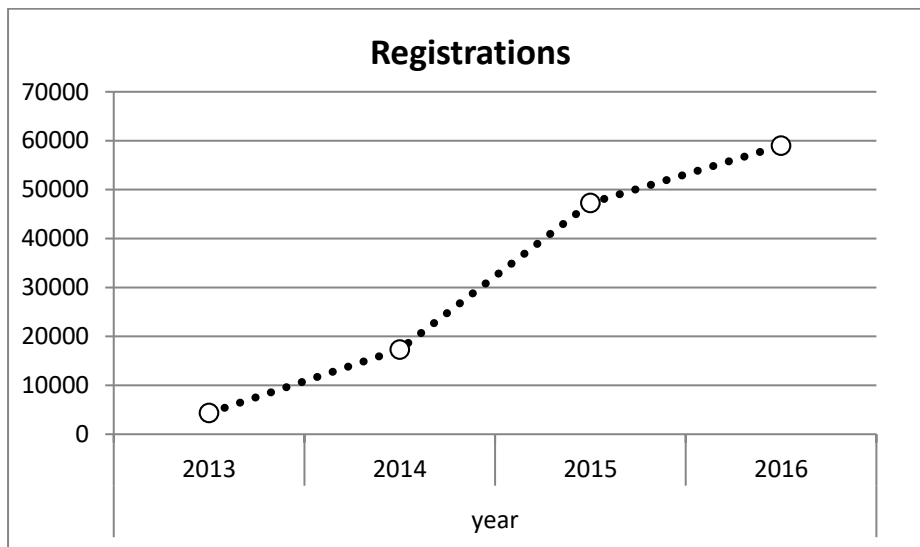
The data reported above indicate a large rise in registrations for Dry January: a 15-fold increase in the three years since the first Dry January. The increase is likely to have been affected by funding for promotion and advertising in 2015, as the growth rate was lower between 2015 and 2016. The data also highlighted that many thousands of people take part in the Dry January challenge “unofficially”. There may be value in encouraging this latter group to register for Dry January given registrants’ positive responses to the advice and support offered. Furthermore, people who made a public commitment to Dry January may also be more likely to persist with their efforts.<sup>[3]</sup>

The results suggest that “social contagion” and “diffusion” have been important elements in the growth of Dry January. There is now a “critical mass” of people taking part each year, and Dry January is familiar and appealing to many people.<sup>[4,5,10]</sup> Such processes may also explain the spread of other socially-mediated behaviour change campaigns (e.g., [hellosundaymorning.org](http://hellosundaymorning.org), [nhs.uk/smokefree/stoptober](http://nhs.uk/smokefree/stoptober), [meatfreemondays.com](http://meatfreemondays.com)).<sup>[10]</sup> However, the increasing appeal of Dry January may have some downsides, in that people with dangerous patterns of drinking may try to change their behaviour by taking part rather than seeking professional help.

The material presented here suggests that there may be value in using broadcast and social media to promote behaviour change campaigns, to provide appropriate support for participants, and to facilitate changes in social norms via diffusion.

## REFERENCES

- 1 Coghlan A. (2014). Our liver vacation: Is a dry January really worth it? *New Scientist* **2950**: 6-7. downloaded 30 June 2014 from: [www.newscientist.com/article/mg22129502.600-our-liver-vacation-is-a-dry-january-really-worth-it.html?full=true#.U7J7jrEylws](http://www.newscientist.com/article/mg22129502.600-our-liver-vacation-is-a-dry-january-really-worth-it.html?full=true#.U7J7jrEylws)
- 2 de Visser RO, Robinson E, Bond R. (2016). Voluntary temporary abstinence from alcohol during “Dry January” and subsequent alcohol use. *Health Psychol* **35**: 281-9. doi: 10.1037/hea0000297
- 3 Cialdini RB. (2009). *Influence: science and practice* (5<sup>e</sup>). London: Pearson Education.
- 4 Christakis NA, Fowler JH. (2013). Social contagion theory: examining dynamic social networks and human behavior. *Statistics Med* **32**: 556–77. doi: 10.1002/sim.5408
- 5 Rogers, E. (2003). *Diffusion of Innovations* (5<sup>e</sup>). London: Free Press, 2003.
- 6 Office for National Statistics (2014). *Annual Mid-year Population Estimates: 2014*. Available from: [www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/2015-06-25](http://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/2015-06-25)
- 7 National Readership Survey. *Mid Year Population Estimates 2010 (for interlocking age and gender and GOR)*. Available from: <http://www.nrs.co.uk/nrs-print/lifestyle-and-classification-data/available-data/>
- 8 Babor TF, Higgins-Biddle JC, Saunders JB, Monteiro, MG. (2001). *The Alcohol Use Disorders Identification Test: Guidelines for Use in Primary Care* (2<sup>e</sup>). Geneva: World Health Organization.
- 9 Baldwin AR, Oei TPS, Young R. (1993). To drink or not to drink: The differential role of alcohol expectancies and drinking refusal self-efficacy in quantity and frequency of alcohol consumption. *Cognitive Ther Res* **17**: 511-530.
- 10 Rosenquist JN, Murabito J, Fowler JH, Christakis NA. The spread of alcohol consumption behavior in a large social network. *Ann Intern Med* 2010; 152: 426-33.



**Figure 1** Growth in registrations for Dry January